NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Inspection

Servi								
A Fo	r the 2	2008 ca	ilendar yea	r, or tax year beginning 05-01-2008	and ending 04-30-2009		D Employer id	lentification number
_		pplicable	Please	C Name of organization GREATER STERLING DEVELOPMENT CORPO	DRATION			
	dress ch	,	use IRS label or	Doing Business As			36-37063 E Telephone n	
Na	me char	nge	print or type. See	Boiling Business / IS			•	
☐ Init	tıal retur	rn	Specific	Number and street (or P O box if mail is r	not delivered to street address) Room/suite	(815) 625	
Г те	mınatıo	on	Instruc- tions.	1741 INDUSTRIAL DRIVE			G Gross receip	ots \$ 1,017,431
┌ Am	ended i	return		City or town, state or country, and ZIP + 4	1			
_		pending		STÉRLING, IL 61081				
i Vhi	plication	Pending						
			F Nan	ne and address of Principal Officer			a group retur	
						affiliat	es?	ΓYes Γ No
			<u> </u>			H(b) Are all	affiliates includ	led?
I Ta	x-exem	pt status	✓ 501(c)) (3) ◀ (Insert no)	527	(If "No	o," attach a lıs	t See instructions)
J W	eb site	e: ► WW	/W STERLII	NGDEVELOPMENT ORG		H(c) Group	Exemption N	umber 🟲
К Тур	e of org	janization	Corporat	ion trust association other		L Year of For	mation 1990 N	1 State of legal domicile IL
Pa	rt I	Sum	mary					
	1		•	e organization's mission or most sign	ıfıcant actıvıtıes			
Ψ		BUSINI	ESS DEVEL	LOPMENT IN THE STERLING, IL AR	EA			
≧								
Ě								
Governance	2	Check	this box 🖵	ıf the organization discontinued its op	perations or disposed of	more than 25	5% of its asse	ts
	3	Number	r of voting r	nembers of the governing body (Part	VI, line 1a)		3	12
26 67	4	Number	r of ındepen	dent voting members of the governing	g body (Part VI, line 1b)		. 4	10
Activities &	5	Total n	umber of en	nployees (Part V , line 2a)			5	6
Ę	6	Total n	umber of vo	olunteers (estimate if necessary) .			6	15
ĕ	7a	Total gi	ross unrela	ted business revenue from Part VIII,	line 12, column (C) .		7a	0
	ь	Net unr	elated busi	ness taxable income from Form 990-	T, line 34		7b	0
						Prior	r Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)			127,423	661,429
ĕ	9	Progra	am service	revenue (Part VIII, line 2g)			50,000	337,389
Revenue	10	Invest	tment incor	ne (Part VIII, column (A), lines 3, 4,	and 7d)		4,109	4,574
걆	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		104,267	14,039
	12	Totalı	revenue—a	dd lines 8 through 11 (must equal Pa	rt VIII, column (A), line		,	, , , , , , , , , , , , , , , , , , ,
		12)					285,799	1,017,431
	13	Grants	and simila	ar amounts paid (Part IX, column (A),	lines 1-3)		10,599	7,530
	14	Benefi	ts paid to o	or for members (Part IX, column (A), I	ine 4)			0
Ø	15		es, other co	ompensation, employee benefits (Part	IX, column (A), lines 5-	-	132,310	163,248
<u>1</u> 30	16-	10)	aranal fund	raising food (Bort IV, column (A.) line	110		132,310	0
Expenses	16a			raising fees (Part IX, column (A), line	:IIe)			
五	Ь	•		penses, Part IX, column (D), line 25 0)			
	17			(Part IX, column (A), lines 11a-11d,	·		167,531	316,984
	18		•	add lines 13–17 (must equal Part IX	, line 25, column (A))		310,440	487,762
<u> </u>	19	Reven	ue less exp	penses Subtract line 18 from line 12			-24,641	529,669
Net Assets or Fund Balances						Beginnir	ng of Year	End of Year
6 G	20	Total	assets (Par	rt X, line 16)			4,216,260	4,693,442
2.5 2.0	21	Total I	liabilities (F	Part X, line 26)			1,251,675	1,199,188
25	22	Netas	sets or fun	d balances Subtract line 21 from line	20		2,964,585	3,494,254
Pai	rt II	Sign	ature Blo	ock				
		Under p	enalties of pe	erjury, I declare that I have examined this reti				
		and beli	ief, it is true, o	correct, and complete Declaration of preparei	(other than officer) is based	on all information	on of which prepa	rer has any knowledge
Plea Sign		****	*** ature of office	AF		2009-0 Date	09-14	
Here		J Sign	atule of office	=1		Date		
			ARD ANDERS or print nam	ON CHAIRMAN				
		F γρε	or brille Haill	e and the	T T			
		Pre	parer's		I	Check If	Preparer's PTI	N (See Gen Inst)
Paid			nature P C	LIFTON GUNDERSON LLP	I	self- empolyed 🕨 🦵	•	
	pare		n/c nama /a	wours k				
Use		ıf se	n's name (or elf-employed)	i, • •			EIN Þ	
Onl	y	add	ress, and ZIP	+ 4 CLIFTON GUNDERSON LLP				
				114 E EVERETT				
							Phone no	(815) 284-2285
				DIXON, IL 61021			I	

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mis INCUBATOR MANAGEMENT - OPERATI MARKETING AND PLANNING RENT AI THE CITY OF STERLING'S REVOLVING	E 50,000 SQ FT INDUSTRIAL FACILI ND MAINTAIN REAL ESTATE FOR LOC			
2	Did the organization undertak the prior Form 990 or 990-EZ		rvices during the year whi	ch were not listed on	es 🔽 No
	If "Yes," describe these new s	ervices on Schedule O			
3	Did the organization cease co		changes in how it conduc		es 🔽 No
_	If "Yes," describe these chang				
4	Describe the exempt purpose Section 501(c)(3) and (4) orgothers, the total expenses, an	anızatıons and 4947(a)(1) tı	rusts are required to repo	est program services by expe rt the amount of grants and all	
4a	INCUBATOR MANAGEMENT - OPER	AND MAINTAIN REAL ESTATE FOR) (Revenue \$ ING, ILLINOIS RECRUIT AND ASSIST VIDE LOANS TO START-UP BUSINESSI	
4b	(Code) (E:	kpenses \$	including grants of \$) (Revenue \$)
4c	(Code) (E:	xpenses \$	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (De	scribe in Schedule O) including grants of	\$) (Revenue \$)
4e	Total program service exper	ises \$ 487,762	Must equal Part IX, Line	e 25, column (B).	

art IV	Checkli	st of	Require	d Sc	hedules
	CIICCRII	3. 0.	ixc quii c	u J	cuuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section $170(b)(1)(A)(II)^7$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	art V Statements Regarding Other IR	S Filings and Tax Complianc	ce				
						Yes	No
1a	Enter the number reported in Box 3 of Form 109	6 , Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applic	able					
			1a	0			
b	b Enter the number of Forms W-2G included in line	e 1a <i>Enter -0-</i> ıf not applıcable	1 _b	0			
	Bod the comment of the body with the class with the						
С	c Did the organization comply with backup withhol gaming (gambling) winnings to prize winners?			ors and reportable	1c		
2a							
	Statements filed for the calendar year ending wit	h or within the year covered by this	2a	6			
L	b If at least one is reported in 2a, did the organiza	tion file all required federal employe		roturno?			
D	Note: If the sum of lines 1a and 2a is greater than				2Ь	Yes	
3a	Did the organization have unrelated business gr	oss income of \$1,000 or more durin	ng the ye	ear covered by this			
	return?				3a		No
	b If "Yes," has it filed a Form 990-T for this year?			ŀ	3Ь		
4a	 At any time during the calendar year, did the orgon over, a financial account in a foreign country (su 						
	account)?		• •	· · ·	4a		Νο
b	b If "Yes," enter the name of the foreign country						
	See the instructions for exceptions and filing red	quirements for Form TD F 90-22.1, Re	eport of l	Foreign Bank and			
	Financial Accounts.						
5a	, , ,				5a		No
b	b Did any taxable party notify the organization tha	it it was or is a party to a prohibited	tax she	Iter transaction?	5b		Νο
c	c If "Yes," to 5a or 5b, did the organization file For	rm 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i>	ot Entity	Regarding Prohibited			
. .	Tax Shelter Transaction?			• •	5c		NI -
6a				ŀ	6a		N o
D	b If "Yes," did the organization include with every were not tax deductible?	solicitation an express statement tr	nat such	n contributions or giπs	6b		
7	Organizations that may receive deductible contribu	itions under section 170(c).					
а	a Did the organization provide goods or services i	n exchange for any quid pro quo con	ntributio	n of \$75 or	7a		Νo
	more?			I	ı		
	b If "Yes," did the organization notify the donor of	-		ŀ	7b		
С	c Did the organization sell, exchange, or otherwise file Form 8282?		•	-	7c		Νο
d	d If "Yes," indicate the number of Forms 8282 file		 7d				
	,						
е	e Did the organization, during the year, receive an				7e		Νο
f	benefit contract?				76 7f		No
' a				•	71 7g		No
_	h For contributions of cars, boats, airplanes, and c	.,			<i>'</i> 9		110
••	required?	· · · · · · · · · · · · · · · · · · ·			7h		Νο
8	Section 501(c)(3) and other sponsoring organization						
	supporting organizations. Did the supporting organizations at any time during the		sponsor	ing organization, have			
	year?			l	8		
9	Section $501(c)(3)$ and other sponsoring organization	ons maintaining donor advised funds.					
а	a Did the organization make any taxable distributi	ons under section 4966?			9a		
b	b Did the organization make a distribution to a doi	nor, donor advisor, or related person	n?		9Ь		
10	Section $501(c)(7)$ organizations. Enter						
	a Initiation fees and capital contributions included	· · · · · · · · · · · · · · · · · · ·	10a				
b	b Gross receipts, included on Form 990, Part VIII	I, line 12, for public use of club	10b				
	facilities						
11	Section 501(c)(12) organizations Enter						
а	a Gross income from members or shareholders .						
L	b Gross income from other sources (Do not net ar	nounts due or paid to other courses	11a				
D	against amounts due or received from them) .	·	11b				
4.7				Farm 10413	42		
	La Section 4947(a)(1) non-exempt charitable trusts. I		n neu of	rorm 1041/	12a		
D	b If "Yes," enter the amount of tax-exempt interes year	creceived of accided during the	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and	Management		

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 12			
Ь	Enter the number of voting members that are independent 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Yes	
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Νο
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	Yes	

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a		Νο
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14		No
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a		Νo
Other officers or key employees of the organization?	15b		Νo
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed $\,$ IL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

HEATHER SOTELO 1741 INDUSTRIAL DRIVE STERLING, IL 61081 (815) 625-5255

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did	not compens	sate any			direc	tor, tru	uste	e or key employee I	Т	Г
		Posit t	(C non (: hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
ED ANDERSEN, CHAIRMAN	1 00	Х		Х				0	0	0
PETER W DILLON , VICE CHAIRMAN	1 00	Х		Х				0	0	0
MARK ZUMDAHL, SECRETARY	1 00	Х		Х				0	0	0
DICK BAUMANN , DIRECTOR	1 00	Х						0	0	0
DIRK MEMMINGER , DIRECTOR	1 00	Х						0	0	0
DAVE HURLESS , DIRECTOR	1 00	Х						0	0	0
NANCY KREEGER , DIRECTOR	1 00	Х				1		0	0	О
DAVID BARAJAS JR , DIRECTOR	1 00	Х						0	0	C
JOHN ROSENGREN , DIRECTOR	1 00					<u> </u>		0	0	0
SCOTT SHUMARD , DIRECTOR	1 00	-				<u> </u>		0	0	0
DICK GEBHARDT , DIRECTOR	1 00					<u> </u>		0		
DON PEARL , EX-OFFICIO	1 00	-				<u> </u>		0	0	
CRAIG FROETER , DIRECTOR	1 00					1		0		
MATT HOWZE , EX-OFFICIO	1 00					<u> </u>		0		
KIM EWOLDSEN , EX-OFFICIO	1 00					<u> </u>		0		
TAD EVERETT , EX-OFFICIO	1 00	-				1		0		
BETTY STEINERT , EX-OFFICIO	1 00					<u> </u>		0	0	
HEATHER SOTELO , EXECUTIVE DIRECTOR	40 00			x		l x		58,173		
TEATHER SOFEED, EXCEPTIVE DIRECTOR	10 00							30,173	Ů	3,300
						-				
						İ				

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	0	Estima amount of compens from t rganizati relate organiza	fother ation he on and
1b	Tatal							<u> </u>					5,308
	Total						i		58,17	3	0		5,306
2	Total number of individuals (including compensation from the organization	ng those in 1						•			0		3,306
	Total number of individuals (includi	ng those in 1						•			<u> </u>	Yes	No
	Total number of individuals (including compensation from the organization and the organization but the organization list any former	ng those in 1 I►0 officer, direc	a) who	recei	ved	mor	re thar	n \$1 /ee,	00,000 in reportab	le		Yes	No
3	Total number of individuals (including compensation from the organization but the organization list any former on line 1a? If "Yes," complete Schedu	ng those in 1 ►0 officer, directule J for such	a) who	recei ruste	ved	ey e	e thar	n \$1 /ee,	or highest compens	sated employee	3	Yes	
2	Total number of individuals (including compensation from the organization of the organization of the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization	ng those in 1 •0 •officer, directly d	a) who	recei ruste <i>ual</i> .	ved e, k	ey e	employ	/ee,	or highest compens	sated employee		Yes	No
3 4	Total number of individuals (including compensation from the organization on line 1a? If "Yes," complete Scheduler organization and related organization individual	officer, directles the sum of sum of sum of sum of the	a) who	ruste ual ble c	e, k	ey e	employ ation (es," co	/ee, and	or highest compensor or highest compensor other compensation lete Schedule J for su	sated employee n from the		Yes	No
3	Total number of individuals (including compensation from the organization of the organization of the organization list any former on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization	r officer, directule J for such sthe sum of ons greater the sum of one of on	a) who	ruste ual ble c 0,00	ved e, k omp 0? l	ey e ens	employ ation cet," co	ee,	or highest compensor other compensation lete Schedule J for successions.	sated employee n from the uch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization on line 1a? If "Yes," complete Schedus for any individual listed online 1a, in organization and related organization individual	officer, directule J for such some streater the sum of	a) who	ruste ual ble c 0,00	ved e, k omp 0? l	ey e ens	employ ation cet," co	ee,	or highest compensor other compensation lete Schedule J for successions.	sated employee n from the uch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization on line 1a? If "Yes," complete Scheduler on line 1a? If "Yes," complete Scheduler organization and related organization individual	rofficer, directule J for such sthe sum of ons greater the sum of complete street or accres, "complete street competitions and the street competitions are successations and the street competitions are successful to the s	a) who	ruste ual ble c 0,00 ensa	omp 0?)	ey e eens (f "Y froi	employ ation fes,"co	and stand	or highest compensor or highest compensor other compensation of the schedule J for such as the schedul	sated employee n from the uch for services	3	Yes	No No
3 4 5	Total number of individuals (including compensation from the organization on line 1a? If "Yes," complete Schedus for any individual listed online 1a, in organization and related organization individual	rofficer, directule J for such sthe sum of ons greater the sum of ons greater the sum of ons greater the sum of the sum o	a) who	ruste ual ble c 0,00 ensa	omp 0?)	ey e eens (f "Y froi	employ ation fes,"co	and stand	or highest compensation of the compensation of	sated employee n from the uch for services re than	3	(c	No No No
3 4 5	Total number of individuals (including compensation from the organization on line 1a? If "Yes," complete Schedus for any individual listed online 1a, in organization and related organization individual	r officer, directle or accrusions greater the sum of ans greater the sum of ans greater the sum of ans greater the sum of accrusion of the sum of accrusion of the sum of the su	a) who	ruste ual ble c 0,00 ensa	omp 0?)	ey e eens (f "Y froi	employ ation fes,"co	and stand	or highest compensation of the compensation of	sated employee n from the uch for services	3		No No No
3 4 5	Total number of individuals (including compensation from the organization on line 1a? If "Yes," complete Schedus for any individual listed online 1a, in organization and related organization individual	rofficer, directule J for such sthe sum of ons greater the sum of ons greater the sum of ons greater the sum of the sum o	a) who	ruste ual ble c 0,00 ensa	omp 0?)	ey e eens (f "Y froi	employ ation fes,"co	and stand	or highest compensation of the compensation of	sated employee n from the uch for services re than	3	(c	No No No
3 4 5	Total number of individuals (including compensation from the organization on line 1a? If "Yes," complete Schedus for any individual listed online 1a, in organization and related organization individual	rofficer, directule J for such sthe sum of ons greater the sum of ons greater the sum of ons greater the sum of the sum o	a) who	ruste ual ble c 0,00 ensa	omp 0?)	ey e eens (f "Y froi	employ ation fes,"co	and stand	or highest compensation of the compensation of	sated employee n from the uch for services re than	3	(c	No No No

Part VIII

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt	(C) Unrelated Business	(D) Revenue Excluded from
						Function Revenue	Revenue	Tax under IRC 512, 513, or 514
	1a	Federated cam	ipaigns 1a					
nts nts	b	Membership di	ues					
Contributions, gifts, grants and other similar amounts	_	Fundraising ev	1b					
₩	С	rundraising ev	ents 1 c					
<u>≅</u> g <u>;</u>	d	Related organi	zations1d					
ž.	e	Government grant	ts (contributions) 1e	72,951				
afío er.∢	f	All other contributi similar amounts n	ons, gifts, grants, and	588,478				
^듩			1 f					
펄	g		ibutions included in 495,754					
∓ ٽ	h	lines 1a-1f \$	es 1a-1f)		661,429			
		\		<u>►</u>				
<u>a</u>	2a	Rental Revenue		Business Code 531,120	287,389	287,389		
e E	b	Management Fees				50,000		
æ		- Management rees		531,310	50,000	50,000		
931	C							
<u>.</u>	d							
Ë	e							
Program Serwce Revenue	f	All other progr	am service revenue					
<u>&</u>	g	Total. Add line ▶ \$ 337,389	s 2a-2f					
	3		come (including divi					
		other sımılar a	mounts)		4,574			4,574
	4	Income from inve	stment of tax-exempt be	ond proceeds				
	5	Rovalties .						
		Γ	(ı) Real	(II) Personal				
	6a	Gross Rents		. ,				
	b	Less rental						
	С	expenses Rental income						
	d	or (loss)	ome or (loss)					
	<u> </u>	Net rental inco		▶				
	l_	Grass amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	_	sales expenses Gaın or (loss)						
	c d	Net gain or (los	e e \					
			• • • •	. ►				
	8a		from fundraising					
		events (not inc	luding					
Other Revenue		of contribution	s reported on line					
₹ >		1c) See Part I Attach Schedule	V,line 18 e <i>G if total exceeds</i>					
æ			а					
<u> </u>	ь	Less direct ex	pensesb					
돌	С	Net income or	(loss) from fundrais	ing events				
_	9a	Gross income	from gamıng	-				
		activities See Complete Sched	part IV, line 19					
		exceeds \$15,00						
			а					
	b		pensesb					
	С	Net income or	(loss) from gaming a	activities ►				
	10a	Gross sales of	inventory, less					†
		returns and all	owances .					
	١.		a					
	Ь		oods sold b (loss) from sales of					
	С	Miscellaneous		Business Code				
	11a	Miscellaneous		900,099	14,039	14,039		
	ь			· ·		· · · · · · · · · · · · · · · · · · ·		
	c							
		A.II						
	d	All other reven						
	е	Total. Add line	s 11a-11d	\$ 14,039				<u> </u>
	12		. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	1,017,431	351,428	0	4,574
	1	8c,						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,530	7,530			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	66,308	66,308			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages	62,834	62,834			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)					
9	Other employee benefits	24,586	24,586			
10	Payroll taxes	9,520	9,520			
11	Fees for services (non-employees)					
а	Management					
b	Legal	1,427	1,427			
c	Accounting	16,755	16,755			
d	Lobbying					
e	Professional fundraising See Part IV, line 17					
f	Investment management fees					
g	Other	67,491	67,491			
12	Advertising and promotion	29,714	29,714			
13	Office expenses	12,451	12,451			
14	Information technology					
15	Royalties					
16	Occupancy	29,842	29,842			
17	Travel	8,380	8,380			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials					
19	Conferences, conventions and meetings					
20	Interest	21,430	21,430			
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	95,601	95,601			
23	Insurance	9,702	9,702			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)					
а	Housing Project	13,553	13,553			
b	Repairs and maintenance	6,859	6,859			
c	Dues & Subscriptions	2,530	2,530			
d	Miscellaneous	1,249	1,249			
f	All other expenses					
25	Total functional expenses. Add lines 1 through 24f	487,762	487,762	0	0	
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 /2009	

	_	
Part X	Balance	Sheet
FaitA	Dalalice	3116

					(A) Beginning of year		(E End of	
	1	Cash—non-interest-bearing			53,768	1	Liid o	7,897
	2	Savings and temporary cash investments			176,439	2		213,128
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		nployees or		5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S	ction 4			6		
	7	Notes and loans receivable, net						
	8	Inventories for sale or use	ies for sale or use					
ø	9	Prepaid expenses and deferred charges	paid expenses and deferred charges					
į	10a	• • • • • • • • • • • • • • • • • • • •						
Assets	100	Land, buildings, and equipment cost basis	10a	4,754,335				
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10ь	331,918	3,986,053	10c		4,422,417
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Passive Schedule D$		12		50,000		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,216,260	16		4,693,442
	17	Accounts payable and accrued expenses .		4,241	17		3,340	
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities				20		
S	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
=		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			1,228,934	23		1,184,848
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			18,500	25		11,000
	26	Total liabilities. Add lines 17 through 25			1,251,675	26		1,199,188
s A		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	ete line	es 27				
anc	27	Unrestricted net assets			2,964,585	27		3,494,254
Balance	28	Temporarily restricted net assets				28		
<u>=</u>	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and lines 30 through 34.	d comple	ete				
s o.	30	Capital stock or trust principal, or current funds				30		
Ą.	31	Paid-in or capital surplus, or land, building or equipment fund .			31			
Assets	32	Retained earnings, endowment, accumulated income, or other ful			32			
Net	33	Total net assets or fund balances			2,964,585	\vdash		3,494,254
ž	34	Total liabilities and net assets/fund balances			4,216,260	\vdash		4,693,442
Pa	rt XI	Financial Statements and Reporting						
							Yes	No
1	Acco	unting method used to prepare the Form 990 🔽 cash 🗍	accrual	Cother			1	

B - 1 3/T	Et a a stat Crata a a a la a a di Bara a st	

1	Accounting method used to prepare the Form 990 🔽 cash 🗆 accrual 🗆 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Νο
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue

Service

1

2

3

10 11

h

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization GREATER STERLING DEVELOPMENT CORPORATION

following persons?

36-3706308 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organiz col (i) your go	organization in		n In col (i) of your		s the ation in organized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
					1	1			
otal									

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

(ii) a family member of a person described in (i) above?

Yes

11q(i)

11g(ii)

11g(iii)

No

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	1 lifte 5, 7, or	o or Part 1.)				
	ublic Support	, , , , , , , , , , , , , , , , , , ,					<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,846,637	202,566	197,433	127,423		661,429	3,035,488
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the							
	organization without charge	1.046.637	202 566	107.422	127 122		661 420	2.025.400
4	Total. Add line 1-3	1,846,637	202,566	197,433	127,423		661,429	3,035,488
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							588,940
6	(f) Public Support subtract line 5 from line 4							2,446,548
Т	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,846,637	185,527	197,433	127,423	(-)	661,429	3,035,488
8	Gross income from interest, dividends,		,		·			<u> </u>
	payments received on securities loans, rents, royalties and income from similar sources	117,839	185,527	262,207	260,989		4,574	831,136
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				1,845		14,039	15,884
11	Total Support (Add lines 7 through 10)							3,882,508
12	Gross receipts from related activities, etc	(See instruction	s)	•	•	12	•	554,951
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		63 010 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		78 270 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	a publicly supp	orted organizati	on	·			FF s
17a	box and stop here. The organization qualified 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "factor"	If the organization is and circumsta	on did not check ances" test, che	a box on line 13 ck this box and	stop here. Expl	laın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fac	If the organization is and circumsta	on did not check ances" test, che	a box on line 13 ck this box and	3, 16a, 16b, or : stop here. Expl	17a ar Iain in	nd line 15 i Part IV ho	w
18	the organization meets the "facts and circu Private Foundation. If the organization did							►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

DLN: 93493258007029

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Na	me of the organization		Employer identifi	cation number
GRI	EATER STERLING DEVELOPMENT CORPORATION		36-3706308	
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99	0, Part IV, line 6.	unds or Accoun	
		(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		oradvised	┌ Yes
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?			┌ Yes ┌ No
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space	on or pleasure)	historically importa	•
2	Complete lines 2a-2d if the organization held a qualion the last day of the tax year	fied conservation contribution in the form	of a conservation e	asement
			Held a	nt the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	5	2b	
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) a	ocquired after 8/17/06	2d	
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organizatio	n during
	the taxable year 🕨			
4	Number of states where property subject to conserva	ition easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, viola	ations, and	┌ Yes
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ⊳ \$	
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial		
Par	Complete if the organization answered "		or Other Simila	r Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	ch in furtherance of i	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in		•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		► \$	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

► \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

3	Organizations Maintaining Collections of	Art, HIS	torica	<u>ııreasu</u>	ires, or Othe	r Similar Asse	e ts (continued)
	Using the organization's accession and other records, checitems (check all that apply)	k any of th	ne follov	ıng that ar	e a sıgnıfıcant ι	ise of its collectio	n
а	Public exhibition	d	Г	oan or excl	hange programs		
b	Scholarly research	e	Γ o	ther			
c	Preservation for future generations						
4	Provide a description of the organization's collections and e Part XIV	explain hov	w they f	urther the c	organization's ex	xempt purpose in	
5	During the year, did the organization solicit or receive dona assets to be sold to raise funds rather than to be maintaine						Yes
Par	Trust, Escrow and Custodial Arrangemer Part IV, line 9, or reported an amount on Form				ınızatıon answ	ered "Yes" to F	orm 990,
1a	Is the organization an agent, trustee, custodian or other intincluded on Form 990, Part X?	ermediary	for con	tributions o	or other assets		Yes
b	If "Yes," explain why in Part XIV and complete the following	g table					
						A moi	unt
c	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Form 990, Part X	K, line 21?				Γ	Yes
	If "Yes," explain the arrangement in Part XIV						
Pai	Endowment Funds. Complete if the organiz						
1_	(a)Current Yes	ar (b) Prior Yea	ir (c) iw	o Years Back (d)	Three Years Back (e	e)Four Years Back
1a L	Beginning of year balance						
b	Contributions						
С	Investment earnings or losses						
	Cuputa au achalarahana						
d	Grants or scholarships						
d e	Other expenditures for facilities and programs						
	Other expenditures for facilities						
e	Other expenditures for facilities and programs						
e f	Other expenditures for facilities and programs	neld as					
e f g	Other expenditures for facilities and programs	neld as					
e f g 2 a	Other expenditures for facilities and programs	neld as					
e f g 2 a b	Other expenditures for facilities and programs	neld as					
e f g 2 a	Other expenditures for facilities and programs		that are	held and a	idministered for	the	
e f g 2 a b c	Other expenditures for facilities and programs		that are	held and a	idministered for	the	Yes No
e f g a b c	Other expenditures for facilities and programs		that are	held and a	idministered for	3a(i)	Yes No
e f g a b c 3a	Other expenditures for facilities and programs	ganization 			idministered for	3a(i)	Yes No
e f g a b c 3a	Other expenditures for facilities and programs	ganization quired on S	 Schedul	 e R?	ıdmınıstered for	3a(i)	Yes No
e f g a b c 3a	Other expenditures for facilities and programs	janization quired on S s endowm	 Schedul ent fund	 e R?		3a(i) 3a(ii)	Yes No
e f g a b c 3a b	Other expenditures for facilities and programs	janization quired on S s endowm	Schedul ent fund See For	 e R? s m 990, Pa	art X, line 10.	3a(i) 3a(ii)	Yes No
e f g a b c 3a b	Other expenditures for facilities and programs	janization quired on S s endowm	Schedulent fund See For	 e R?		3a(i) 3a(ii)	Yes No (d) Book value
f g 2 a b c 3a b	Other expenditures for facilities and programs	janization quired on S s endowm	Schedulent fund See For	e R? s m 990, Pa	art X, line 10.	3a(i) 3a(ii) 3b	
f g 2 a b c 3a b 4 Par	Other expenditures for facilities and programs	janization quired on S s endowm	Schedulent fund See For	e R? s m 990, Pa	art X, line 10. (b)Cost or other basis (other)	3a(i) 3a(ii) 3b (c) Depreciation	(d) Book value
f g 2 a b c 3a b 4 Par	Other expenditures for facilities and programs	janization quired on S s endowm	Schedulent fund See For	e R? s m 990, Pa	art X, line 10. (b)Cost or other basis (other) 554,352	3a(i) 3a(ii) 3b (c) Depreciation	(d) Book value
f g 2 a b c 3a b 4 Par	Other expenditures for facilities and programs	janization quired on S s endowm	Schedulent fund See For	e R? s m 990, Pa	art X, line 10. (b)Cost or other basis (other) 554,352	(c) Depreciation	(d) Book value
f g 2 a b c 3a b 4 Par	Other expenditures for facilities and programs	ganization	Gehedul Gent fund Gee For (a) Co basis (e R? s m 990, Pa ost or other investment)	art X, line 10. (b)Cost or other basis (other) 554,352 4,158,875	(c) Depreciation 326,423	(d) Book value 554,352 3,832,452

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	no 15		
Part IX Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
(2)	F *****		(-,
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	X, line 25. (b) A mount		
Federal Income Taxes	(b) Amount		
Lease Deposit	11,000		
	11,500		
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	11,000		

Total revenue (Form 990, Part VIII, column (A), line 12)

1,017,431

2	Total expenses (Form 990, Part IX, column (A), line 25)	2	487,762
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	529,669
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	529,669
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial	1	1,017,431
,	statements		
2			
a b	Net unrealized gains on investments		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,017,431
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		1,017,101
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,017,431
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	487,762
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	487,762
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)]	
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	487,762

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
		In June 2006, the Financial Accounting Standards Board issued Interpretation No 48, Accounting for Uncertainty in Income Taxes, an interpretation of FASB Statement No 109 (FIN 48), to create a single model to address accounting for uncertainty in tax positions FIN 48 clarifies the accounting for income taxes by prescribing a minimum recognition threshold a tax position is required to meet before being recognized in the financial statements FIN 48 also provides guidance on derecognition, measurement, classification, interest and penalties, disclosure and transition FIN 48 is effective for nonpublic entities for annual periods beginning after December 15, 2008. The Organization will adopt FIN 48 in its April 30, 2010 financial statements as required. The cumulative effect of adopting FIN 48 (if any) would be recorded as an adjustment of net assets on May 1, 2009. The Organization does not expect that the adoption of FIN 48 will have a significant impact on the Organizations consolidated statement of financial position and consolidated statement of activities.

Part XIV Supplemental Information(continued)									
Ident if ier	Return Reference	Explanation							
		In June 2006, the Financial Accounting Standards Board issued Interpretation No 48, Accounting for Uncertainty in Income Taxes, an interpretation of FASB Statement No 109 (FIN 48), to create a single model to address accounting for uncertainty in tax positions. FIN 48 clarifies the accounting for income taxes by prescribing a minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. FIN 48 also provides guidance on derecognition, measurement, classification, interest and penalties, disclosure and transition. FIN 48 is effective for nonpublic entities for annual periods beginning after December 15, 2008. The Organization will adopt FIN 48 in its April 30, 2010 financial statements as required. The cumulative effect of adopting FIN 48 (if any) would be recorded as an adjustment of net assets on May 1, 2009. The Organization does not expect that the adoption of FIN 48 will have a significant impact on the Organizations consolidated statement of financial position and consolidated statement of activities.							

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493258007029

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

Employer identification number

GREATER STERLING DEVELO	PMENT CORPOR	ATION				36-3706308	
Part I General Information Does the organization mathe selection criteria use Describe in Part IV the o	aintain records to s d to award the grai	nts or assistance?	t of the grants or assista				√ Yes
Form 990, Part 1 Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the oil if no one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					<u> </u> -		
3 Enter total number of oth					<u></u>	<u> </u> •	•
For Paperwork Reduction Act Not	ice, see the Instruct	tions for Form 990.		Cat No 50055	P	Scl	nedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIP TO BRADLEY UNIVERSITY AS A PART OF THE ENGINEERS FOR TOMORROW PROGRAM	1	7,530			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THE ORGANIZATION SPONSORED ONE STUDENT TO ATTEND BRADLEY UNIVERSITY AS PART OF THE ENGINEERS FOR TOMORROW PROGRAM FOR FOUR YEARS THIS WAS THE FINAL YEAR OF THE SCHOLARSHIP AND THE PROGRAM WILL CEASE TO EXIST THE ORGANIZATION MAINTAINS SPECIFIC REQUIREMENTS FOR RECEIPT OF THE SCHOLARSHIP AND MONITORS THE DISTRIBUTION OF FUNDS
O ther Information	Part IV	THE ORGANIZATION SPONSORED ONE STUDENT TO ATTEND BRADLEY UNIVERSITY AS PART OF THE ENGINEERS FOR TOMORROW PROGRAM FOR FOUR YEARS THIS WAS THE FINAL YEAR OF THE SCHOLARSHIP AND THE PROGRAM WILL CEASE TO EXIST

DLN: 93493258007029

Schedule L

(Form 990 or 990-EZ)

Department of the Treasurv Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** GREATER STERLING DEVELOPMENT CORPORATION Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (g)Written Approved (e) In from the (c)O riginal principal (a) Name of interested person and by board or (d)Balance due default? agreement? organization? purpose amount committee? Τо From Yes Yes Yes No Total Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
SAUK VALLEY BANK	BOARD MEMBER IS ALSO AN OFFICER OF THE BANK	,	PRINCIPAL AND INTEREST PAYMENTS MADE TO BANK FOR LOAN USED TO PURCHASE REAL ESTATE		No	
CGH MEDICAL CENTER	BOARD MEMBER IS ALSO AN OFFICER OF THE HOSPITAL		THERE IS A LOAN PAYABLE FOR THE CONSTRUCTION OF REAL ESTATE NO PRINCIPAL OR INTEREST PAYMENTS WERE MADE IN THE CURRENT FISCAL YEAR		N o	

DLN: 93493258007029

SCHEDULE M (Form 990)

Non-Cash Contributions

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

	e of the organization TER STERLING DEVELOPMENT CORPORAT	Employer identification number							
KLA	TER STERLING DEVELOPMENT CORPORAT	36-3706308							
Pa	rt I Types of Property								
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermı	nıng		
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
	Securities—Publicly traded .								
	Securities—Closely held stock .								
	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
	Qualified conservation contribution (historic								
	structures)								
	Qualified conservation contribution (other)								
15	Real estate—Residential .								
16	Real estate—Commercial	X	1	495,754	COST OF CONSTR	UCTIO	O N		
	Real estate—Other								
	Collectibles								
	Food inventory								
	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts								
	Scientific specimens								
24	Archeological artifacts								
	Other (describe)								
26	Other (describe)								
	Other (describe)								
28	Other (describe)				ļ				
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29				
							Yes	No	
30a	During the year, did the organiza hold for at	tion receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must				
	least three years from the date of for the entire holding period? .			not required to be used for	exempt purposes	30a		No	
b	If "Yes", describe the arrangeme				-				
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		Νo	
32a	Does the organization hire or use	·	-	to solicit, process, or sell	non-cash	27-		N a	
L	If "Yes", describe in Part II					32a		Νo	
	If the organization did not report	revenues	n Column (c) for a type of n	property for which Column (a)ıs				
در	checked, describe in Part II	ievellues l	in Columnic (c) for a type of p	Apperty for willen Corullin (u / 13				

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Explanation										
Identifier	ReturnReference	Explanation								
240111111	Notal III Colored	Explanation								
	1	I .								

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DLN: 93493258007029

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization GREATER STERLING DEVELOPMENT CORPORATION **Employer identification number**

36-3706308

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		A BOARD MEMBER HAS A FAMILY RELATIONSHIP WITH THE EXECUTIVE DIRECTOR

SCHEDULE R

(Form 990)

DLN: 93493258007029

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 2008

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Department of the Treasury ► See separate instructions. Internal Revenue Service

Open to Public Inspection

Name of the organization GREATER STERLING DEVELOPMENT CORPORATION	Employer Identification number				
OKEMEN STERMING DEVELOTHENT CONTONNION	36-3706308				
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
GREATER STERLING DEVELOPMENT REALTY LLC 1741 INDUSTRIAL DRIVE STERLING, IL 61081	PURCHASE OF PROPERTY FOR DEVELOPMENT PURPOSES	IL.	0	428,689	N/A
Part II Identification of Related Tax-Exempt Organizat	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	domicile Direct controlling (state or entity foreign		(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets		l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
--------	---

Pel	τν	Transactions with Related Organizations					
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No	
1 Du	rıng th	e tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	·IV?			
а	Recei	pt of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entı	ıty	Ī	1a	No	
b	Gıft, g	Gift, grant, or capital contribution to other organization(s)					
c	Gıft, g	rant, or capital contribution from other organization(s)		1	1c	No	
d	Loans	or loan guarantees to or for other organization(s)		1	1d	No	
e	Loans	or loan guarantees by other organization(s)		[1	1e	No	
f	Sale o	fassets to other organization(s)		1	1f	No	
g	Purch	ase of assets from other organization(s)		ا	1g	No	
h	Excha	inge of assets		1	1h	No	
i 1	Lease	of facilities, equipment, or other assets to other organization(s)		<u>[</u>	1i	No	
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1j	No	
k	Perfor	mance of services or membership or fundraising solicitations for other org	ganization(s)	_1	1k	No	
1 1	Perforr	mance of services or membership or fundraising solicitations by other orga	anızatıon(s)	<u>[</u> :	11	No	
m	Sharın	g of facilities, equipment, mailing lists, or other assets		<u>[1</u>	1m	No	
n	Sharır	ng of paɪd employees		_1	1n	No	
o	Reımb	oursement paid to other organization for expenses		1	10	No	
р	Reımb	oursement paid by other organization for expenses		_1	1p	No	
q	Other	transfer of cash or property to other organization(s)		_1	1q	No	
r	O ther	transfer of cash or property from other organization(s)		Ŀ	1r	No	
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	hips and transaction thresholds			
		(A)	(B) Transaction	(C)			
		Name of other organization(s)	type(a-r)	Amount Involved			
(1)							
(2)							
<u> </u>							
(3)							
(4)							
(+)							
(5)							
(6)							

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country) (D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets (F) Disproprtionate allocations?			(G) Code V—UBI amount on Box 20 of K-1 General of managin		ing :r?	
			Yes	No		Yes	No		Yes	No
	Schedule P (Form 990) 2008									

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 5		It is alleged that approximately \$60,000 of assets were diverted by a former bookkeeper. As a result, the bookkeeper was terminated

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		NO FORMAL REVIEW PROCESS IS IN PLACE RELATED TO THE BOARD OF DIRECTORS THE EXECUTIVE DIRECTOR OF THE ORGANIZATION REVIEWS THE RETURN PRIOR TO FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		DOCUMENTS ARE PROVIDED UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part VII	Contact Addresses for Officers, Directors, Etc	ED ANDERSEN - 100 E LEFEVRE ROAD STERLING, IL 61081 PETER W DILLON - PO BOX 537 STERLING, IL 61081 MARK ZUMDAHL - 202 E 5TH STREET STERLING, IL 61081 DICK BAUMANN - 698 TIMBER CREEK ROAD DIXON, IL 61021 DIRK MEMMINGER - 302 W 3RD STREET STERLING, IL 61081 DAVE HURLESS - 1703 WESTWOOD DRIVE STERLING, IL 61081 NANCY KREEGER - 1003 CRESTVIEW ROAD STERLING, IL 61081 DAVID BARAJAS, JR - 1609 FIRST AVENUE ROCK FALLS, IL 61071 JOHN ROSENGREN - 3200 E LYNN BLVD STERLING, IL 61081 SCOTT SHUMARD - 212 3RD AVENUE STERLING, IL 61081 DICK GEBHARDT - 108 4TH AVE STERLING, IL 61081 DON PEARL - SVCC, RT 2 DIXON, IL 61021 CRAIG FROETER - 1741 INDUSTRIAL DRIVE STERLING, IL 61081 MATT HOWZE - 108 4TH AVE STERLING, IL 61081 KIM EWOLDSEN - 211 LOCUST STREET STERLING, IL 61081 TAD EVERETT - 1608 4TH AVENUE STERLING, IL 61081 BETTY STEINERT - 200 E KNOX STREET MORRISON, IL 61270 HEATHER SOTELO - 1741 INDUSTRIAL DRIVE STERLING, IL 61081